



State of New Hampshire 2004 ANNUAL REPORT

The following information shall be given as of January 1
preceeding the due date Pursuant to RSA 293-A:16.22.

REPORT DUE BY April 1, 2004

ANNUAL REPORTS RECEIVED AFTER APRIL 15, 2004,
WILL BE ASSESSED A \$50.00 LATE FEE.

Filed

Effective Date: 04/13/2004

Business ID: 235285

William M. Gardner

Secretary of State

200410490019

WINDHAM INJURY MANAGEMENT GROUP, INC.

500 N COMMERCIAL ST
MANCHESTER, NH 03101

ADDRESS OF PRINCIPAL OFFICE:

500 N COMMERCIAL ST
MANCHESTER, NH 03101

REGISTERED AGENT AND OFFICE:

SEBASTIAN GRASSO
500 N. COMMERCIAL ST
MANCHESTER, NH 03101

ENTITY TYPE: CORPORATION

BUSINESS ID: 235285

STATE OF DOMICILE: NEW HAMPSHIRE

FEDERAL ID: 020482814

MEDICAL MGMT & VOC REHAB OF INJURED WORKERS

If changing the mailing or principal office address, please check the appropriate box and fill in the necessary information.

☐ The new mailing address

☐ The new principal office address

PO Box is acceptable.

OFFICERS

NAME AND BUSINESS ADDRESS (P.O. BOX ACCEPTABLE).

(MUST LIST AT LEAST ONE OFFICER BELOW)

PRES **SEBASTIAN GRASSO**
STREET **500 N. COMMERCIAL ST. SUITE 301**
CITY/STATE/ZIP **MANCHESTER, NH 03101**

V-PRES **MICHAEL GRASSO**
STREET **500 N. COMMERCIAL ST. SUITE 301**
CITY/STATE/ZIP **MANCHESTER, NH 03101**

NAME

STREET

CITY/STATE/ZIP

NAME

STREET

CITY/STATE/ZIP

NAMES AND ADDRESSES OF ADDITIONAL OFFICERS AND DIRECTORS ARE ATTACHED

BOARD OF DIRECTORS

NAME AND BUSINESS ADDRESS (P.O. BOX ACCEPTABLE).

(MUST LIST AT LEAST ONE DIRECTOR BELOW)

NAME **SEBASTIAN GRASSO**
STREET **500 N. COMMERCIAL ST. SUITE 301**
CITY/STATE/ZIP **MANCHESTER, NH 03101**

NAME **MICHAEL GRASSO**
STREET **500 N. COMMERCIAL ST. SUITE 301**
CITY/STATE/ZIP **MANCHESTER, NH 03101**

NAME

STREET

CITY/STATE/ZIP

NAME

STREET

CITY/STATE/ZIP

To be signed by an officer, Director, or any other person authorized by the board of directors.

I, the undersigned do hereby Certify that the statements on this report are true to the best of my information, knowledge and belief.

Sign here: **SEBASTIAN GRASSO**

Please print name and title of signer: **SEBASTIAN GRASSO** / **PRESIDENT**

NAME

TITLE

REPORT FEE IS: **\$100.00**

E-MAIL ADDRESS (OPTIONAL):



WHEN THIS FORM IS ACCEPTED BY THE SECRETARY OF STATE, BY LAW IT WILL BECOME A
PUBLIC DOCUMENT AND ALL INFORMATION PROVIDED IS SUBJECT TO PUBLIC DISCLOSURE

REQUIRED INFORMATION MUST BE COMPLETE OR THE REGISTRATION REPORT WILL BE REJECTED

MAKE CHECK PAYABLE TO SECRETARY OF STATE

RETURN COMPLETED REPORT AND PAYMENT TO:

New Hampshire Department of State, Annual Reports, P.O. Box 9529, Manchester, NH 03108-9529